PHYSICIANS should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	<u> </u>
County At Marys	Registration Dist. No. 2
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	To a rough of control of rotation and the control of rotat
2. FULL NAME Infant Bankins	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 1935
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Dec 27/35	I last saw him diversal from fire 27, 1935 deethis said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Iremaline buth 12-27/3
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and year) 11. Total tima (years) spant in this occupetion	
12. BIRTHPLACE (city or town) / for Claywood (State or country)	Other Contributory Causes of Importance:
	Malerand elevisor beautions
13. NAME Sand Banking 14. BIRTHPLACE (city or town) - A Claywood	Neme of operation Date of
(State of Country)	Whet tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME M. Beatries Jorden	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - lallerg has had (State or country)	Accident, suicide, or homicide?
17. INFORMANT In Beatings Banking	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Home, seen to Agreed before Dec 27, 1932	Manner of injury
19. UNDERTAKER J Lionard Bankina (Addrass) Hollywood, Ind	24. Was disease or injury in any wey ralated to occupetion of daceased?
20. FILED Dec 27, 1935 - Of Bean hat Local Registrar.	(Signed) Addrass) Great Mills, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN	Į
ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA	1

. PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, W.

V. S. No. 1

I UNFADING INK—THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

CORD. Every item of infor-

1	1	5	()	()	
1	1	U	U	J	

1. PLACE OF DEATH	(97)
County of Many	Registration Dist. No. 28
Village Dr City	NDSt.,Ward
afrita	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Susan Denne	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4, COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
amen Black Wishwed	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Benneth	22. 1 HEREBY CERTIFY hat bettended deceased from
6. DATE OF BIRTH (month, day, and year) Unforce 1845	l last sew has elive on Que 2/ 1936 : death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, et 16. P. m.
about 90 I day,hrs.	
	Date of onset
8. I rede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	General arteris schools 1925
9. Industry or business in which	
work wes done, es SILK MILL, own home	
10. Date decessed lest worked et this occupation (mont) and year)	
year) decupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Richard Campbell	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Menting white	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT late from	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
TENT IN TO THE SECOND	Menner of injury
D D D.	Neture of injury
19. UNDERTAKER Cip . Whinspu	24. Wes diseese or injury in eny way related to occupetion of deceased?
(Address) Danier my	If so, specify
20, FILED Des 22, 1935 ASS min	(Signed) M. [
16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR BEMOVAL Piece of Character (Address)	Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	Married to	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 4 1908	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	STIPPLATIV. 8.	July 5,1927	Peritonitis	3 days ago
	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ż

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 14510
County Id. mays	107-03
	Registration Dist. No. 47
Village or City Chaptico md.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
1 1 1	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Carrie Lauise Bos	wmen.
(a) Residence: No. Chaptico St May (Usual place of abode)	70 And . Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dea 9 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
of 1 of 1015	- Wee 6, 1935, to Dec 9, 1935
5. DATE OF BIRTH (month, day, and year) 7ch, 1- 19/3	I last saw h last alive on Section 1931; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
11 0 ormln.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	- D
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Pronched Mumand 12/6/3
Date deceased last worked at 11, Total time (years)	
this occupation (month and spent in this occupation	
12, BIRTHPLACE (city or town) Mauyland	Other Contributory Causes of importance:
(State or country)	
13. NAME Slishen Danala Bourner	T wor
13. NAME Slyhen Ignaly Bowner 14. BIRTHPLACE (city or town) Mary Land	No. of analysis
(State or country)	Name of operation Date of
15. MAIDEN NAME (At aling Boroner	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Andria Barria	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALCULATE OF COMMENT	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of payoh. Date 12/1/ 193	S Mature of injury.
a a u	
19. UNDERTAKER (Address) (Address)	24. Was disease or injury In any way related to occupation of deceased?
hold a series	If so, specify
20. FILED/ILLY 1973 A of Jamus Registrar.	(Signed) Charlier M. D.
# A =	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	. uly 5,1927	Peritonitis	3 days ago
GUREAU V.S.			
Other contributory cluses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
TANK STORMS			1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14512
County It march	Registration Dist. No. 282
Village or City Leman Mour	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Julia ann Cambr	
(a) Residence: No. Lemandrown Ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
26. If marriad, widowed, or divorced HUSDAND- of Chrispa Campbell	22. I HEREBY CERTIFY, That I attended decaysed from MAL 1934, to 1211
6. DATE OF BIRTH (month, day, end yeer) frank 22 1846	i last saw h / 2 alive on The Character 36; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
79 9 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Insusable preferrits from motors
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last workad at this occupation (month and year) occupation 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) I Trust lea (State or country)	Other Contributory Causes of importance:
II 13. NAME Richard Scriber	
13. NAME Richard Scriber 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Superma untroma	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Supposer 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT Eliza Hill	Whera did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lewnord word And	
18. BURIAL, CREMATION, OR REMOVAL Pleca St. alongsun Cometingla files 32/19 36	Manner of injury
19. UNDERTAKER Jums Le mailingles	24. Was disease or injury in any way ralated to occupation of decaasad?
(Address) " Levyerdtwood Find	If so, specify ————————————————————————————————————
20. FILED 1972, 1935 Caccally Registrar.	(Signad) M. D. (Address) M. D.
Acgistrar,	(nources) for any of the of fill other the ball a ball a ball and the fill of the ball and and the second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	PACE I	0	Example II	
The principal cause of death and rela of importance were as follows: Arteriosclerosis	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	2
Chronic interstitial nephritis		1910	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	U V	July 5, 1927		1 week ago 3 days ago
Enganteriorina. A	*			
Other contributory causes of importan	ice:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 14513
1. PLACE OF DEATH	(2/2-4)
county Strucians	Registration Dist. No. 2 8 C
Village or City Us and all the	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 41 vrs	ds. How long in U.S. if of foreign birth?
2. FULL NAME Maham Sin Colm	Christy
(a) Residence: No. Waddly	St., : Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male co mains	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I aftended deceased from
(or) WIFE of Men want cherry	4.19 10 19
6. DATE OF BIRTH (month, day, and year) 97 - 1893	liast saw h alive on 1 4 - 1 - 19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4 2 3 / 5 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade prefession or particular	Data of one of 12-12-15
kind of work done, as SPINNER, (Tarung) SAWYER, BOOKKEEPER, etc.	Coridual
9. Industry or business in which	,
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation 3	Other-Contributory Causes of importance;
12. BIRTHPLACE (city or town) Warley	Carried all
(State or country)	fragation.
13. NAME (Male and Clusty 14. BIRTHPLACE (city or town) was logy to (State or country)	King y (hirth), I
I4. BIRTHPLACE (city or town) was allowy	Name of operation.
(State or country)	What test confirmed diagnosis? Was there an autopsy? Lea
15. MAIDEN NAME Resulta Bay lon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (city or town)	Accident, suicide, or homicide 12 Costan Date of Injury 12 1932
∑ (State or country)	Where did Injury occur? a war weavered
17. INFORMANT James Backer	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Lack Level Ly
Placed and Date 1 - 19-, 1935	Nature of Injury draffied & hund
10 HADEDTAKED U.D. Walnu	24. Was disease or Injury In any way related to occupation of deceased? W
19. UNDERTAKER (Address) (Address)	If so, specify Janua a Lattons [P
12 18 NICPLAN	(Signed) PALL Calum M.D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis IAN 6 1920	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIWFAILVS			
Other contributory causes of importance:	1?	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

H UNFADI mation should be carefully supplied. B.—WRITE PL

	1 4	
~/	ING INK—THIS IS A PERMANENT ORD. Every item of infor-	that it may be properly classified. Exact statement of OCCUPA-
XX	f ir	100
XX	m or	0
	ite	Jo
	ery	ent
	EV	tem
	RD.	sta
4	PH	act
	PA .	Ex
rh	N A	rd.
ž	NE	ifie
Ð	MA	ass
BIL	ER	5
~	A P	erl
6	Sitat	rop
RESERVED FOR BINDING	IS a	that it may be properly
VE	HI	, A
3R	A L	m.
SSI	Z	t it
RI	AG.	tha
A		-

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	93-0
county St. Many.	Registration Dist. No. 28
Village or City Leanandtown md	No. St. Many / You tale St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	A. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. mally Doxis	
(a) Residence: No. Margania md. (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warred	21. DATE OF DEATH Occ. / J. 193 5 (Month) (Oay) (Yaar)
5e. If married, widowed, or divorced	(month) (vay) (raar)
(or) WIFE of George Doris	22. I HEREBY CERTIFY. That I attanded decased from 1935, to Sec. 7, 1935
6. OATE OF BIRTH (month, day, and year) April 3, 1866	I last saw her aliva on Dec. 16, 1935; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at LOUSH m.
69 72. 8 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Wara as follows: Date of onset
✓ 9 Industry or business in which	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
work was dona, as SILK MILL, None.	cancus jummones 1/1/30
10. Data daceasad last worked at this occupation (month and yaar)	
Mourland	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) (State or country)	(Tuonic, Managar deter
13. NAME Sloves fong	Joens myoranicos
1 200 000 000 000	Name of operation Cone Oata of
14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Nove Was there an au'opsy?
15. MAIOEN NAME Lerresa Sattan	23. If death was dua to axtarnal ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) May Cand (State or country)	Accidant, suicida, or homicide?Oata of Injury, 19
17. INFORMANT Mr. 5. B. Woods (Addrass) Marganya mel	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Joseph's Cemetagoata 12/18, 1955	Menner of injury
19. UNDERTAKER Win C, Wattingly (Address) Leanard towns and	24. Was diseasa or injury In any way related to occupation of daceased? MU
20. FILED 2/17 , 1935 December Registrar.	(Signed) Claysus C. Welch M. O. (Addrass) Chaptus M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14515
1. PLACE OF DEATHO	93-20
County IT mary	Registration Dist. No.
. Village or City from and formy End	No. Manufa Ward (death occurred in a horpital or institution give its NAME in lead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Silliam plated	00
(a) Residence: No. /a / Cusal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH ALEX 17, 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That y attended deceased from
1870	Aled 2 99,19 36,10 Salle 6 1976
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	tlast saw h 200 alive on fall of T, 19 35; death is said
64 Anhumo	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. 7 Armen	Ucule Tetalletion of Hers 1466
5: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation 11. Total time (years) spent in this occupation	
	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town)	acto thy cardiler on a life
	Duration: Two welks.
Ŧ.	Name of operation Date of
A 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME dentrown	23, If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury19
State or country)	Where dld Injury occur?
17. INFORMANT & J. Rolinson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Manner of Injury
Place H. Frichely Comel agre heel 7, 1934	- Nature of injury
19. UNDERTAKER & X Sulimon	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) planusur Ol	If so, specify
20. FILED Lee 7, 1933 Ly dra J. Bare	(Signed) (Address) A Lange Asillarum. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· V PA			
Other contributory causes of importance:		Other contributory causes of importance:	et Eigna
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE

S. No. 1

OF

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IS CAUSE mation

LION

19. UNDERTAKER

(Address)

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify ... (Signed)

(Address) ...

24. Was disease or Injury in eny way related to occupation of deceased

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

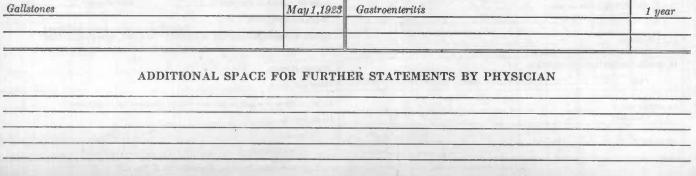
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows; of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago 1242 821 844 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERTIFICATE OF DEATH

d.	18	pa-	4	204
1	7	0	1	6

1. PLACE OF DEATH		(159)	
County It Museus		Registration Dist. No. 22	
Village or City Can A Ha		No. St., f death occurred in a horpital or institution, give its NAME instead of street and num ds. How long In U.S. if of foreign birth?	
2. FULL NAME Ander T	L Land a si	If U.S. Veteran apecify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Slack	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dec	ceased from
6. DATE OF BIRTH (month, day, and year)	= 2/35	I last saw han Falive on Alex 1, 19.312; d	eath is said
7. AGE Years Months	Days If LESS than I day, 4 hrs. or min.	and the fall and t	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	none	Premater brith (12/2/5
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	(Plecenta paeroia)	
12. BIRTHPLACE (city or town) Park (State or country)	Kell	Other Contributory Causes of importance:	
13. NAME Ernest Ha	rrio		
13. NAME THE THE STATE OF THE S	yland	Name of operation Date of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME CENTIE	May Barbor	23. If death was due to external causes (VIOLENCE) fill in also the following:	
2 (State or country) Ma	falland Jarring	Accident, suicide, or homicide? Date of Injury Where dld injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
(Address) Park Hal 18. BURIAL, CREMATION, OR REMOVAL Place Jion Frair Count	bay Dec. 3, 1935	Manner of Injury	
19. UNDERTAKER Thomas (Address) Herman 20. FILED Det 2, 1935	Harris Mil	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) Great Made Made	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example, I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1836	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL S	PACE FOR FU	RTHER STAT	EMENTS BY P	HYSICIAN	
.,						

STATE OF MARYLAND-CERTIFICATE OF DEATH

	B.—WRITE PLAINLY, W. A. UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NG	NENT CORD. TLY. PHYSIC fied. Exact state
MARGIN RESERVED FOR BINDING	S IS A PERMAN stated EXAC properly classificate.
RESERVED	ING INK—THIS AGE should be to that it may be tions on back of
MARGIN	WEAT UNFADI fully supplied. n plain terms, so
•	WRITE PLAINLY, WELL UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
S. No. 1	B.—WRI matio

1. PLACE OF DEATH	Registration Diet No. 3 8
Village or City Hally wo	Registration Dist. No. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
() 1 man	osds. How long In U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH COC 6 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. COL HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year)	I last saw her seed along 0,1955; death is sail
7. AGE Years Months Days If LESS than day,hr	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onese
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Remariers)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Chas Xuagee 14. BIRTHPLACE (city or town) M	Name of operation Date of Date
(State or country)	What test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME (GLEV OF town) - 2MA	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?
17. INFORMANT Agus Regue (Address) Halles area	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Recused Date 77, 19	Manner of injury
19. UNDERTAKER Bla Reager (Address) Nacceptora	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED 17/7 , 1935 Caccalier	(Signed) / ayel O Cargalley.

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Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 11 JAN 3 1935	July 5, 1927	Peritonitis	3 days ago
EUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	(212)
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	11510
1. PLACE OF DEATH		160-6	14013
County of many		Registration Dist. No 281	
Village or City Julley Re		NoSt.,_	Ward
Length of racidance in city or town where doesn		f death occurred in a horpital or institution, give its NAME instead of street at the death of the death of the death of the death occurred in a horpital or institution, give its NAME instead of street at	
2. FULL NAME Afant In	YIS		_1110503.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR D(VORCED (write the word)	21. DATE OF DEATH	, 1935 (Yaar)
5a. If married, widowad, or divorcad		(moirti) (Day)	(1881)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attand	
10	, 10	Need 195 to Whee	19.3.5
6. DATE OF BIRTH (month, dey, and year)	e (, 1935	I lest saw home Ober 19-3	.a; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	or_15_min.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	000	D. T. Committee	11.6
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		asphysia um (alliant	2)1241/30
10. Data dacaasad last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Valle (Stete or country)	Lee	Other Contributory Causes of Importance:	
1 /1 / 1			
13. NAME 14. BIRTHPLACE (city or town)	Lieny		
14. BIRTHPLACE (city or town)	y dee	Name of operation Date o	
A COUNTY	lan	What test confirmed diagnosis? Was there	
15. MAIDEN NAME Mandy 10. 16. BIRTHPLACE (city or town)	Marga	23. If deeth was due to external causes (VIOLENCE) fill in also the follow	. 7.
O 16. BIRTHPLACE (city or town)	ly del	Accident, suicide, or homicide?	19.22.
17. INFORMANT Manday M. (Addrass)	year	Where did Injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ee ma	in home	7 +1: 4
Place Asma, near belly her	Date Dec 1, 1935	Manner of injury man was with Childs mot	I home of
0012		24. Was disaese or injury in any wey related to occupation of deceased?	435
19. UNDERTAKER (LACTION (Addrass))	man de d		
O day at	10	If so, specify (Signed)	M. D.
20. FILED 1935	Poe pristrar.	(Address) Great me als me	Wi. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Examp	le I	,	Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AN 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7):2/III V S	July 5,1927	Peritonitis	3 days ago
100	¥			
Other contributory causes of in	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING FOR RESERVED MARGIN

S. No. 1

WRITE

OF

S CAUSE mation TION (Addrass)

(Addrass)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVA

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPAof infor-1. PLACE OF DEATH plnods Registration Dist. No. 2 Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS CORD. Every yrs // mos. 10 ds. How long in U.S. if of foreign birth?______yrs.____mos.____ds. statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Umale PERMANENT classified. 5a. If marriad, widowad, or divorcad HUSBAND of O I HEREBY CERTIFY. That + attended decaased from (or) WiFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS then to have occurred on the date stated above at I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows Date of opent 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER. Jo SAWYER, BDDKKEEPER, etc..... may back 9. Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc..... Ou 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupation _ ... instructions SO 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation ... (State or country) efully What test confirmed diagnosis?. ----- Was there an autopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following: in DEATH Accident, sulcide, or homicide? _____ Date of Injury_____ 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. PLA1 pinoy 17. INFORMANT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury.

If so, spacify

(Addrass) _

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store." "factory." "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	14N 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ľ

	₩		

PHYSICIANS should state CORD. Every item of infor-

Exact statement of OCCUPA.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
DEATH				

1. PLACE OF DEATH	59
County At langer D	Registration Dist. No. 282
Village or City Likes and	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	osgds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mag. Cugina, M	· IL
(a) Residence: No. Yesing (James Jacob of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Whe G OR DIVORCED (write the word)	Wee. 66 193 U
ia, If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Charles F. Vag	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and yeer) July - 1864	Alast saw he elive on Let 19 of death is said
. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et
71 72 5 1 1 day,hrs	The PRINCIPAL CAUSE OF SEATH and related causes of importance were as follows:
8 Trade profession or particular	- (1) Bally and Rolling Date of onget
kind of work done, as SPINNER, Hause - purfus.	101 / 7
9. Industry or business in which work was done as Stilk Mill	(d) the feet that
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et his necunstin (month and	of defund as
shellf lilig 3 1	(B) Hey derframe wart 9
year) occupation	Other Contributory Cases of importance:
2. BIRTHPLACE (city or town) Josef Seasone, Inc.	1) 1 + 1 - 2
(State or country)	- Renter Mellela .
13. NAME If ugh Meddle land 14. BIRTHPLACE (city or fown)	
14. BIRTHPLACE (city or own)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT A. J. Com V / Man 2 (Address)	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colon De Marie De 12 / 1924	
9. UNDERTAKER W. C. Mallingly	24. Was disease or injury in any way related to occupation of deceased?
2/15	If so, specify (Signed)
0. FILED 1935 Registrar.	(Address) Alley The May
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The processing field from the contract of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state CORD. Every item of infor-

stated EXACTLY

AGE should be

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-0 14522
County St. Marys	Registration Dist. No. 48/
Village or City At Change of a	NoSt.,Ward
Length of residence in city or town where deeth occurred 49 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) Omos. Os. How long In U. S. if of foreign birth? yrs. mos. ds.
5 7/1 0 0	22
2. FULL NAME Alle Scriper	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	ward) Dec 9 1935
5e. If merried, widowed, or divorced	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Het 18	86 Hast saw h & alive on Dec 8 1935 death is said
	S than to have occurred on the date stated above, at/_/_A-m.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Valvalan Accord Designed 1928
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this coveraging (month and)	
work was done, es SILK MILL, SAW MILL, BANK, etc	
- this occupation (month and) /	
yeer) Mee 1934 occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	7
(State or country)	
13. NAME 1 d d d d d d d d d d d d d d d d d d	
4. BIRTHPLACE (city or town) - Holding William (State or country)	Name of operation
· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
1 2 4 8	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Jamys Scriber	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Holywood, Md	
	Menner of injury
10 HADDOTAKED STORES & MITTERS	24. Wes disease or injury In any wey related to occupation of deceased?
19. UNDERTAKER Wine Confidence of the Managary of San Andrews	If so, specify
20. FILED Dec 11, 19 35 04 Bea	(Signed) M.D. gistrar. (Address) Prest Mills Ind
Niocal No	minute (noutros) Ly south J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows; Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1936	July 5,1927		3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	TEST S	
Gallstones	May 1,1923	Gastroenteritis	1 year	

2	item of infor-	should state	of OCCUPA-	
	-WRITE PLAINLY, W. I UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
MANUAL MESERVED FOR DIMER	ERMANENT	EXACTLY	y classified. I	te.
TOT CE	HIS IS A P	be stated	be properl	of certifica
A ATTECTAL	NG INK-T	AGE should	that it may	ions on back
MEDICALIA	I UNFADI	y supplied.	ain terms, so	See instruct
	LALALY, W	uld be carefull	DEATH in pl	TION is very important. See instructions on back of certificate.
	-WRITE P	mation shou	CAUSE OF	TION is ve

N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14523
1. PLACE OF DEATH	82-0
County Sr. Mary	Registration Dist. No. 28
Village or City_ Class	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
2. FULL NAME Easeth Otho Thomas	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from See 17th 1935, to See 17th 1935
6. DATE OF BIRTH (month, day, end year) 3 - 22 - 1873	i lest saw him alive on See 17th, 19 35; death is said
7. AGE Years Months 8 25 bays if LESS than hrs.	to heva occurred on the deta stated above, at
A Trade profession or particular	Cerebral Nemochage Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spant in this occupation 402	
12. BIRTHPLACE (city or town) Many Land	Other Contributory Canses of Importance:
(State or country)	Nem felegia
I 13. NAME & arms C. Thompson	
13. NAME James Q. Thompson 14. BIRTHPLACE (city or town) 51. Marys Go (State or country) 20x d.	Name of operation Data of What tast confirmed diagnosis? Was there an au'opsy?_ 28
15. MAIDEN NAME 2 Amie Mania Raley 16. BIRTHPLACE (city or town) (State or country) 15. Maiden Name 16. BIRTHPLACE (city or town) (State or country) Many Land,	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Where did injury occur? Where did injury occur?
17. INFORMANT Thomas Backing Thompson (Address) Quenus Mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. The There are an The Organia
18. BURIAL, CREMATION, OR REMOVAL Place Sacred Alest Data Sec 1944, 19 35	Mannar of injury
19. UNDERTAKER a. C. Welch (Addrass) Graffico, Md.	24. Was disaese or injury In eny way related to occupation of deceased?
20. FILED L. 18 5. 1935 the Palum Registrar.	(Signad) Maltin B. Dank M. D. (Addrass) Qahlay, Mol.

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Example I	1	Example II		
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Chronic interstitial nephritis JAN 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:	- Control	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	